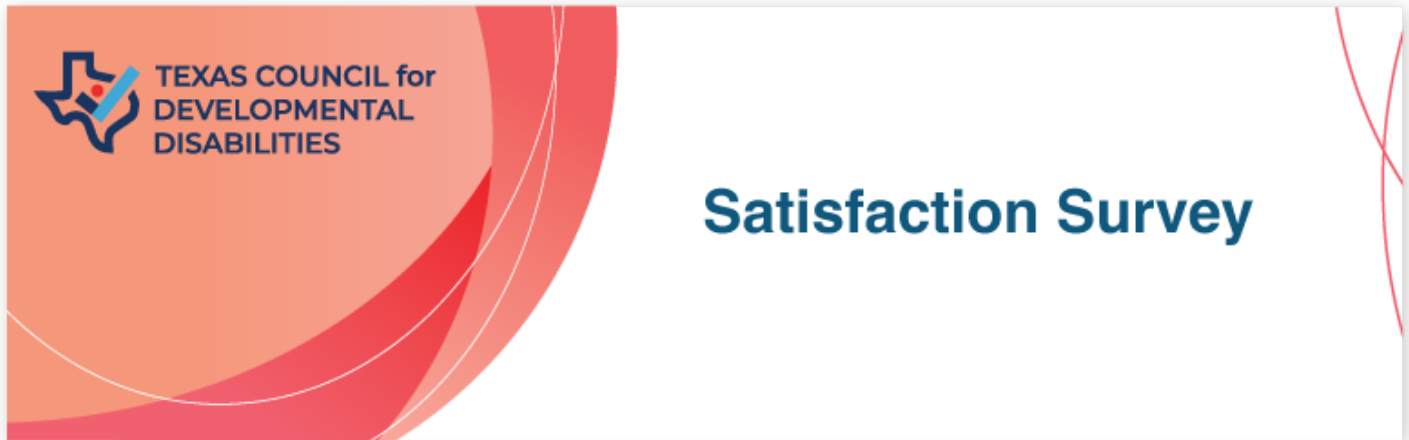


Welcome



Texas Council for Developmental Disabilities

Satisfaction Survey - Participant Response

You recently participated in a Texas Council for Developmental Disabilities (TCDD) funded activity or event. Please complete this survey to help us learn about your experience and how we can continue to support people with developmental disabilities (DD) in Texas. This information is optional, but it helps TCDD and our federal partners to understand how our grant activities impact our community.

The survey will take approximately 10 minutes to complete. Your response is confidential.

Training Event Information

What was the name of the activity or event you attended?

What organization conducted this event?

In what city was this event held? You may also indicate if this was a virtual/online event held state-wide.

What was the date of the event?

Enter the date in the following format: mm/dd/yyyy

Demographic Questions

What is your race?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ More than one race (please specify)
- ☐ Other (please specify)

Are you of Hispanic, Latino, or of Spanish origin?

- ☐ Yes
- ☐ No

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

What is your geographic area?

- ☐ Urban (in a city)
- ☐ Suburban (near a city)
- ☐ Rural (in the country)

What region of the state do you live in?

- ☐ North
- ☐ East
- ☐ Coastal
- ☐ South
- ☐ West
- ☐ Central

Please check the statement that best describes you. If you are filling this out for someone else, check which statement describes that person.

- ☐ I am an individual with a developmental disability.
- ☐ I am a family member of an individual with a developmental disability.
- ☐ I am a professional who works in the disability field.
- ☐ Other

Satisfaction Questions

Overall, were you satisfied with this activity or event?

- ☐ Yes
- ☐ Somewhat
- ☐ Not at all

Would you recommend this activity or event to a friend, family member, or colleague?

- ☐ Yes
- ☐ Maybe
- ☐ No

Would you participate in another activity or event provided by this organization?

- ☐ Yes
- ☐ Maybe
- ☐ No

TCDD and the sponsor organization appreciate your comments about this event. Please share what you learned, what worked, or what could improve this event for future participants.

Would you be willing to share your email and phone number to be contacted about your participation in this activity or event?

- ☐ Email
- ☐ Phone number
- ☐ Prefer not to be contacted

Would you be interested in receiving information from TCDD about advocacy, networking, and leadership opportunities? If you select “yes” you will be signed up for the TCDD newsletter.

- ☐ Yes
- ☐ No

